

# Important Advances in Clinical Medicine

## *Epitomes of Progress -- Obstetrics and Gynecology*

*The Scientific Board of the California Medical Association presents the following inventory of items of progress in Obstetrics and Gynecology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Obstetrics and Gynecology which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.*

*The items of progress listed below were selected by the Advisory Panel to the Section on Obstetrics and Gynecology of the California Medical Association and the summaries were prepared under its direction.*

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### Screening the Female Population For Gonorrhea

It is generally agreed by public health physicians and practicing physicians that there is in the United States an uncontrolled epidemic of gonorrhea of monumental dimensions. More than 100,000 cases of gonorrhea were reported in California during 1970. San Francisco has the highest rate of gonorrhea of any urban area in this country. A major problem is the existence in this state of an estimated reservoir of about 100,000 asymptomatic female carriers. For these reasons,

the CMA urges all physicians to obtain routine endocervical cultures for gonorrhea on selected populations of female patients.

The only truly reliable means for the diagnosis of asymptomatic gonorrhea in women is culture on Thayer-Martin medium or Martin-Lester Transgrow medium with carbon dioxide. Between 80 and 90 percent of gonorrheal infections in women can be diagnosed by a single culture from the endocervical canal. (Most of the remainder can be diagnosed by adding a culture obtained from the anal canal.)

It is recommended that the groups selected for routine screening should include sexually active women below age 40, especially those who are single or divorced; those who seek advice regarding contraception or sterilization; all women who appear to have cervicitis clinically; all women undergoing prenatal care, and all appli-